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## FROM:

Patrea L. Pabst	404-817-8473	17
NAME	TELEPHONE	TOTAL PAGES (Including Cover Sheet)

## FOR THE RECORD:

DATE: October 29, 2003	URGENCY: <input type="checkbox"/> SUPER RUSH	<input checked="" type="checkbox"/> RUSH	<input type="checkbox"/> REGULAR
FAXED BY: Pam Turnbough	FILE #: 077829/00006	CLIENT NAME: LEN 102	

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## MESSAGE:

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	M. Rigdon Lentz		
Serial No.:	09/709,045	Group Art Unit:	1647
Filed:	November 10, 2000	Examiner:	J. Seharaseyon
For:	<b>METHOD AND SYSTEM TO REMOVE CYTOKINE INHIBITOR IN PATIENTS</b>		

# 612600\_v1

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$).00

## Complete if Known

Application Number	09/709,045
Filing Date	November 10, 2000
First Named Inventor	M. Rigdon Lentz
Examiner Name	J. Seharaseyoon
Art Unit	1647
Attorney Docket No.	LEN 102

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None
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 Deposit Account Name **Holland & Knight LLP**

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- Charge any additional fee(s) or any underpayment of fee(s)
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- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee			
1002 340	2002 170	Design filing fee			
1003 630	2003 265	Plant filing fee			
1004 770	2004 385	Reissue filing fee			
1005 160	2005 80	Provisional filing fee			
<b>SUBTOTAL (1)</b>		<b>(\$).00</b>			

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
15	-20** =	X	
1	-3** =	X	

## Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
1202 18	2202 0	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		<b>(\$).00</b>

\*\*or number previously paid, if greater. For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1261 110	2251 55	Extension for reply within first month	
1262 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 685	Petition to revive - unintentional	
1601 1,330	2501 685	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 840	2903 320	Plant issue fee	
1480 130	1480 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1808 770	2808 385	Filing a submission after final rejection (37 CFR 1.129(e))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify)			
*Reduced by Basic Filing Fee Paid			
<b>SUBTOTAL (3)</b>		<b>(\$).00</b>	

(Complete if applicable)

Name (Print/Type)	Patricia L. Pobst	Registration No. (Attorney/Agent)	31,284	Telephone	(404) 817-8473
Signature				Date	October 29, 2003

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PTO/SB/21 (08-00)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/709,045
		Filing Date	November 10, 2000
		First Named Inventor	M. Rigdon Lentz
		Group Art Unit	1647
		Examiner Name	J. Seharaseyon
Total Number of Pages in This Submission	16	Attorney Docket Number	LEN 102

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Patrea L. Pabst	
	Holland & Knight LLP	
	Suite 2000, One Atlantic Center, 1201 West Peachtree Street, N.E.; Atlanta, GA 30309-3400	
Signature		
Date	October 29, 2003	

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Signature		
	Date	October 29, 2003

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant: M. Rigdon Lentz

Serial No.: 09/709,045 Art Unit: 1647

Filed: November 10, 2000 Examiner: J. Seharaseyon

For: METHOD AND SYSTEM TO REMOVE CYTOKINE INHIBITOR IN  
PATIENTSAssistant Commissioner for Patents  
Washington, D.C. 20231

## AMENDMENT AND RESPONSE TO OFFICE ACTION

Sir:

Responsive to the Office Action mailed on July 29, 2003, please amend the application as follows. It is believed that no additional fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge the fee to Deposit Account No. 50-1868.